

**Child and Adult Care Food Program (CACFP)  
Training Packet and Handbook  
At-Risk Afterschool Meals (Non-Schools)  
FY 2017-18**



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<http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.”

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## **At-Risk Afterschool Meals Program**

The At-Risk Afterschool Meals component of the Child and Adult Care Food Program (CACFP) offers Federal funding to Afterschool Programs that serve a meal or snack to children in low-income areas. All At-Risk Afterschool meals are reimbursed at the “Free” reimbursement rate.

### **Site Eligibility**

To be eligible to operate the At-Risk Afterschool Meals component of CACFP, an Afterschool Site must:

- Be organized primarily to provide care for children after school or on the weekends, holidays, or school vacations during the regular school year
- Provide organized regularly scheduled education or enrichment activities (i.e., in a structured and supervised environment)
- Be located in an attendance area of school where at least 50 percent or more of the children are eligible for free or reduced price meals (See Part 1, Section C) [7 CFR 226.2; 7 CFR 226.17a(b)]. CEP (Community Eligibility Provision) data cannot be used for school district eligibility. October Qualifying data must be used to report actual free and reduced percentages.
- Have a child care license or be exempt from licensure
- Meet state/local health and safety standards
- Operate only during the regular school year

### **Participant Eligibility**

At-Risk Afterschool Programs may claim reimbursement only for meals and snacks served to children who participate in an approved Afterschool Program and who are age 18 or under at the start of the school year. Programs may be either drop-in or enrolled. There is no requirement that all children receiving meals participate in the scheduled activities, but children should remain onsite while consuming the meal. Reimbursement also may be claimed for participants who turn age 19 during the school year [7 CFR 226.17a (c)]. There is no age limit for persons with disabilities [7 CFR 226.2 Definitions].

Federal law has no minimum age for At-Risk participants. Meals and snacks served to children who are enrolled in preschool, Head Start, Even Start, etc., and who are participating in an eligible Afterschool Program are eligible for reimbursement.

## **Educational or Enrichment Activities**

Programs must provide educational or enrichment activities that are open to all children in an organized, structured, and supervised environment. Although there are no specific requirements for the types of educational and enrichment activities that a program can offer, examples include, but are not limited to, arts and crafts, homework assistance, life skills, remedial education, organized fitness activities, etc. Organizations should contact their State agency for assistance in determining if an activity is eligible.

**NOTE:** There is no requirement that all children receiving meals participate in the scheduled activities; the activities just need to be available to all children.

Institutions may contract with other organizations, including a for-profit entity, to provide enrichment or educational activities required for the Afterschool Program. However, the sponsor or independent center must retain administrative and fiscal responsibility for the meal service. Furthermore, the sponsor or independent center must be the party that enters into the agreement with the State agency and must assume responsibility for meeting all meal service requirements, including ensuring that meals are served at eligible sites (CACFP 08-2012: *At-Risk Afterschool Meals Component of the CACFP, Questions and Answers*, February 17, 2012).

## **Athletic Programs**

Students who are part of school sports teams and clubs can receive Afterschool Snacks or Meals as part of a broad, overarching educational or enrichment program, but the Program cannot be limited to a sports team (*Athletic Programs and Afterschool Meals*, October 2, 2012).

Organized athletic programs that only participate in interscholastic or community level competitive sports (for example, youth sports leagues such as “Babe Ruth” and “Pop Warner” baseball leagues, community soccer and football leagues, area swim teams, etc.) may not be approved as sponsors or independent centers in the Program.

Additionally, Afterschool Programs that include supervised athletic activity may participate as long as they are “open to all” and do not limit membership for reasons other than space, security, or licensing requirements. For example, an afterschool police athletic league program that uses sports and recreational activities to provide constructive opportunities for community youth could be approved to participate [7 CFR 226.17a(b)].

## **Special Needs Programs**

At-Risk Afterschool Programs that are designed to meet the special needs of enrolled children or that have other limiting factors may be eligible to participate. These could include programs for children who have learning disabilities or for those who are academically gifted. Other targeted programs may be eligible as well.

## Weekends, Holidays, and Vacations

Under the CACFP At-Risk Afterschool Meals component, meals and snacks may be reimbursed if they are served on weekends or holidays, including vacation periods (for example, spring break), during the regular school year only. Meals and snacks served through CACFP on weekends or holidays during the school year may be served at any time of day as approved by the State agency (CACFP 08-2012: *At-Risk Afterschool Meals Component of the CACFP, Questions and Answers*, February 17, 2012).

In areas where schools operate on a year-round basis (i.e., the regularly scheduled school year is year-round), At-Risk Afterschool Programs set up to serve children attending the year-round schools may receive reimbursement for meals and snacks through the CACFP all year [7 CFR 226.17a(b)(i)].

### Resources:

State Agency website: <http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>

USDA CACFP At-Risk Handbook:

<https://www.fns.usda.gov/sites/default/files/cacfp/cacfpatriskdesigned.pdf>

USDA CACFP At-Risk website: <http://www.fns.usda.gov/cacfp/afterschool-programs>

USDA's nutrition standards: <http://www.fns.usda.gov/cacfp/meals-and-snacks>

FREE materials from USDA: <http://www.fns.usda.gov/cacfp/nutrition-and-nutrition-education>

Streamlining At-Risk Meal Participation for School Food Authorities:

[https://fns-prod.azureedge.net/sites/default/files/SP09\\_CACFP04-2013os.pdf](https://fns-prod.azureedge.net/sites/default/files/SP09_CACFP04-2013os.pdf)

### Federal Requirements

The Child and Adult Care Food Program Federal regulations at **7 CFR Part 226** require participating institutions to maintain supporting documentation for submitted claims.

These regulations can be found at: <http://www.fns.usda.gov/cacfp/regulations>

## **Record Keeping Responsibilities of Institutions and Sponsoring Organizations**

Institutions and Sponsoring Organizations must maintain all CACFP sponsor and site records on file for a minimum of 3 years plus the current year. These records must accurately reflect program operations. Sponsors of Unaffiliated centers and sites must ensure that each center or site maintains copies of at least the previous twelve months' records.

Site records for the current program year should be assembled and filed, along with a corresponding copy of the Report and Claim for Reimbursement, at the institution's or Sponsoring Organization's main office.

Records for the current month must be readily available for review at each site. Institutions should assign responsibility for maintaining daily records to specific staff.

### **Required Records**

Institutions are required to keep the following records relating to participation in the CACFP:

1. Records relating to attendance and the number of meals served:
  - Daily attendance rosters or sign in sheets, or other methods with State approval, which result in accurate recording of daily attendance.
  - Number of At-Risk Afterschool Snacks and/or Meals prepared or delivered for each meal service.
  - Daily record of the number of At-Risk Afterschool Snacks and/or Meals served at each snack and/or meal service.
  - Daily records indicating the number of meals, by type, served to adults performing labor necessary to the food service.
  - Any additional records required by the State agency.
2. Records establishing that the meal patterns were met:
  - Menus for each At-Risk Afterschool Snack and/or Meal service.
3. Records establishing eligibility:
  - Copies of all applications and supporting documents submitted to the State.
  - If applicable, information about the location and dates of child care center reviews, any problems noted, and the corrective action prescribed and effected.
  - Documentation of nonprofit food service, to ensure that all Program reimbursement funds are only used for the food service operations.

#### 4. Records pertaining to fiscal management:

- Copies of invoices, receipts, or other records required by the State agency financial management instruction to document:
  - Administrative costs claimed by the institution,
  - Operating costs claimed by the institution
  - Income to the Program;
- Copies of all claims for reimbursement submitted to the State agency.
- Receipts from all Program payments received from State agency.
- If applicable, information concerning the dates, and amounts of disbursement to sponsored centers. Sponsoring Organizations must disperse reimbursements to participating sites within 5 days of receiving payment.

#### 5. Records documenting training:

- Information on training session dates, locations, topics presented, and names of participants.
- For sponsors, records documenting attendance at training of each staff member with monitoring responsibilities.

**Failure to maintain any of these records may result in the recovery of meal reimbursement.  
[7 CFR 226.10(d)]**

### **CACFP Folder System**

The State Agency folder system is an effective way to manage CACFP records necessary for meal reimbursement. All institutions which sponsor the At-Risk Afterschool Meals Program are encouraged to have the following labeled folders for each fiscal year:

1. Permanent Agreement (transferred from previous year to current year)
2. In service Training
3. Monitor Reviews (if applicable)
4. Procurement
5. Monthly folders (October – September) for each month of the federal fiscal year beginning with October. The following items are to be filed monthly in each folder:
  - Copy of the Claim for Reimbursement
  - Daily Attendance Records

- CACFP Menu Records
- Record of Meals Served (Form 17-9)
- Record of Expenditures (Form 17-8)
- Food and non-food bills, receipts, invoices (must be original, dated and itemized, and include the store and/or vendor name) and Catering Delivery Tickets.
- Personnel Activity Reports and/or Paycheck Stubs of full-time cook

## **Civil Rights Compliance**

The goal of Civil Rights Assurance and Compliance is to ensure that Child Nutrition Program benefits are made available and provided to all eligible individuals without discrimination.

**Discrimination** is defined as intentionally distinguishing a person, or group of people, either in favor of or against others and doing so by neglect or by actions or by lack of actions based on the six protected classes. **The six protected classes** associated with the Child and Adult Care Food Program are race, color, national origin, sex, age and disability.

**USDA regulations outline the following areas of Civil Rights compliance in CACFP:**

### **1. Public Notification System (PNS)**

#### **a. News Release:**

- Effective October 1, 2016 the State Agency will publish the News Release on behalf of existing institutions/sponsoring organizations. **New** institutions/sponsoring organizations must publish the News Release for each new participating CACFP site.

#### **b. “And Justice For All” poster**

- The poster contains the non-discrimination statement and contact information for filing a civil rights complaint.
- The poster must be displayed in a prominent place in every site and every sponsoring organization office. The main entrance is ideal for placement.
- The poster should be displayed on 11x17 paper if possible. If not, 11x14 is acceptable or 8 1/2x11 as a last resort.
- The poster can be downloaded and printed from:  
<http://www.fns.usda.gov/cr/and-justice-all-posters>

#### **c. Non-Discrimination Statement**



- The statement in its entirety is required on all materials where the CACFP is referenced. Such as, but not limited to, promotional literature, parent handbooks and websites.
- On a website, the statement can be listed in its entirety or the following hyperlink can be referenced:  
<http://education.ky.gov/federal/SCN/Pages/USDANondiscriminationStatement.aspx>
- Institutions and sponsoring organizations must convey the message of equal opportunity in all photographic and other graphics used to provide program information.

#### **d. Language Barriers/Limited English Proficiency (LEP)**

- All institutions must have the capability of providing informational materials concerning the availability and nutritional benefits of the Child and Adult Care Food Program in the appropriate translation, as well as the procedures for filing a discrimination complaint. This link provides translations for CACFP materials:  
<http://www.fns.usda.gov/documents-available-other-languages>

## **2. Data Collection**

- Ethnic and racial data for each site must be documented annually in the Sponsor Application of an Independent Institution or within the Monitor Review Form of a Sponsoring Organization as part of the initial and renewal process
- Institutions must maintain the data documentation for 3 years plus current year
- The collection of racial and ethnic data allows institutions and sponsoring organizations and the state agency to determine how effectively the program is reaching the diversity of a population and if outreach is needed

## **3. Mandatory Civil Rights Training**

- Institutions and sponsoring organizations must provide Civil Rights training to all “key staff” involved in their program
- Training is required **prior** to the start of any program duties; training is ongoing as staff, volunteers and contractors are hired throughout the fiscal year
- Staff, volunteers and contractors must be trained annually (within four weeks of the institution’s or sponsoring organization’s annual training)
- New institutions and sponsoring organizations must conduct training with key staff within the first four weeks of program participation
- Institutions and sponsoring organizations are required by regulation to document civil rights training efforts through dated In-Service Training forms identifying that the topic was covered. The In-Service Training form on the State Agency website is a helpful tool to document training.

**A Civil Rights training video is available on the State Agency website:**  
**<http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>**

#### **4. Civil Rights Grievance Procedure**

- Make grievance procedure forms accessible and inform staff of location
- Accept either written or verbal grievances
- Never impede anyone's ability to file
- Forward grievance forms to the state agency within 3 days

#### **5. Participant Rights**

- Knowledge of all non-discrimination information
- How to file a claim if they believe their civil rights have been violated
- May file a claim up to 180 days following an alleged action or incident

**KENTUCKY DEPARTMENT OF EDUCATION**  
**Division of School and Community Nutrition**  
**Civil Rights Grievance Report Procedures**

In accordance with FNS Instruction 113-1, the \_\_\_\_\_  
(Institution /Sponsoring Organization) provides a grievance procedure in the event a person believes he/she or  
their enrolled participant has been discriminated against and/or denied service on the basis of race, color, national  
origin, sex, age or disability in the food service program provided by the \_\_\_\_\_  
(Institution/Sponsoring Organization).

**GENERAL INSTRUCTIONS**

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or  
disability shall be processed within ninety (90) days of receipt in the manner prescribed in this instruction.

**Procedure for Filing Complaints of Discrimination**

**1. Right to File a Complaint**

Any person alleging discrimination based on race, color, national origin, sex, age or disability has a  
right to file a complaint within 180 days of the alleged discriminatory action. Under special  
circumstances this time limit may be extended.

**2. Acceptance**

All complaints, written or verbal, shall be accepted by the Division of Nutrition and Health  
Services and forwarded to the SERO-USDA. It is necessary that the submitted information be  
sufficient to determine the identity of the agency or individual toward which the complaint is  
directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any  
other complaint.

**3. Verbal Complaints**

In the event that a complainant makes the allegation verbally or through a telephone conversation  
and refuses or is not inclined to place such allegations in writing, the entity to whom the allegations  
are made shall write up the elements of the complaint for the complainant. Every effort shall be  
made to have the complainant provide the following information:

- a. Name, address, telephone number, or means of contacting the complainant.
- b. The specific location and name of the entity delivering the program, service, or benefit.
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a  
factor.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex,  
age, disability)
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory  
action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration  
of such actions.

## Civil Rights Grievance Report Form (Complainant Section)

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

If your grievance concerns a discriminatory action due to race, color, national origin, sex, age, or disability, please be very specific and give full details concerning the occurrence.

**State the reason(s) you are filing this grievance report.**

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**What response did you receive from the institution representative during the alleged occurrence?**

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**What results are you seeking from this communication?**

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**Signature of Complainant**

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**Date**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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*FNS 113-1*

## Civil Rights Grievance Report Form (Sponsor Section)

### Information of person filing grievance: (Complainant)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date Received by Institution or Sponsoring Organization \_\_\_\_\_

Director's Name \_\_\_\_\_

Date forwarded to KDE \_\_\_\_\_

### RESOLUTION/COMMENTS:

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\_\_\_\_\_  
Signature of Institution or Sponsoring Organization Representative

\_\_\_\_\_  
Date

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider."

FNS 113-1

## In-Service Training Documentation

Institutions and Sponsoring Organizations must conduct training with key staff regarding Child and Adult Care Food Program requirements within **four** weeks of attendance at State Agency training. New institutions and sponsoring organizations *must conduct training with key staff within the first four weeks of program participation*. Documentation of the training must be recorded on the IN-SERVICE TRAINING FORM.

**7 CFR 226.16 (d)(2-3) states:** *“Training on Program duties and responsibilities to key staff from all sponsored facilities prior to the beginning of Program operations. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties, on the program’s meal patterns, meals counts, claim submission and review procedures, record keeping requirements, and the reimbursement system. Attendance by the key staff as defined by the State agency is mandatory.*

*Additional mandatory training sessions for key staff from all sponsored child care and adult care facilities not less frequently than annually. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties on the programs meal patterns, meal counts, claim submission and review procedures, record keeping requirements, and reimbursement system. Attendance by key staff, as defined by the state agency, is mandatory.”*

The Kentucky CACFP State Agency defines “Key Staff” as any staff member with primary responsibility for the operation of the CACFP and/or maintenance of the records that support the monthly claim for reimbursement and compliance with any CACFP requirement. This includes staff members who have monitoring responsibilities along with staff, volunteers or contractors.

### **In addition to mandatory Civil Rights Training, the State Agency recommends the following training topics:**

1. Meal pattern requirements (necessary food components and proper portion sizes to be served at each meal as illustrated on the Food Chart)
2. Meal counts (requirement that staff conduct the meal count at the time of each meal service and document the number of meals served on Record of Meals Served Form 17-9)
3. Attendance records
4. Menus (Participant and Infant)
5. Other records required by the Child and Adult Care Food Program (CACFP), the United States Department of Agriculture (USDA) and the State Agency

**Reminders:**

- Ongoing training should be conducted and documented as the institution hires new staff throughout the fiscal year
- New staff must be trained within the 1<sup>st</sup> week of employment
- New staff must complete the In-Service Training form upon receiving training and the trainer must also sign and date the form
- Any staff conducting in-service training must have completed training on CACFP policies and procedures

**CACFP Instructions for Completing the In-Service Training Registration Form**

1. Fill in the Date, Name of Institution, Location of training and Training Conducted by.
2. Mark the boxes next to the topics covered at the training (*Civil Rights is mandatory*). Mark the boxes and list any additional topics covered.
3. Have participants print name, sign name, list their title and write the name of the center they are associated with under the Site Name column.
4. Attach additional pages if needed.
5. The trainer must sign and date the form.
6. File the In-Service Training form in the CACFP folder labeled "In-Service Training".

**Kentucky Department of Education  
Division of School and Community Nutrition  
Sponsor In-Service Training Documentation  
REGISTRATION FORM**

**Name of Institution:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Training Conducted by:** \_\_\_\_\_

- Topics Covered:**      ☐ **Civil Rights (Mandatory)**  
(Check all that apply)   ☐ **Meal Patterns**  
                                 ☐ **Meal Counts**  
                                 ☐ **Claim Submission**  
                                 ☐ **Review Procedures**  
                                 ☐ **Record Keeping Requirements**  
                                 ☐ **Reimbursement System**  
                                 ☐ **Updates from Annual Training**  
                                 ☐ \_\_\_\_\_  
                                 ☐ \_\_\_\_\_

Printed Name	Signature	Title	Site Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*\*Please add an additional page for more Training Participants*

I certify that the above topics have been discussed with the personnel listed on the date indicated.

**Trainer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*7 CFR 226.15(e), 7 CFR 226.16(d)(2-3) and FNS 113-1*



## MENUS 7 CFR 226.15 (e) 10

Institutions are responsible for purchasing and preparing adequate amounts of each meal component for the number of children claimed during the meal service. **All institutions are required to keep Menu Records.** Menu Record templates are available on the State Agency website.

- Menus must be dated
- Menus must document the foods prepared and served to participants, ensuring the meal pattern requirements have been met
- Menus must support the documentation of food purchases and costs. Foods recorded on the menu should be cross-referenced with the purchases on food receipts/invoices
- Menus must be available, complete and support food purchases. Otherwise, the reimbursement will be recovered
- When listing food items on the menu, the institution should specify the type (i.e. fresh, frozen, canned, and homemade).

**The USDA Food Crediting and Food Buying Guides** instruct institutions regarding which foods are creditable and how much food should be purchased/prepared for reimbursable meals.

Food Crediting Guide:

[http://www.fns.usda.gov/sites/default/files/CACFP\\_creditinghandbook.pdf](http://www.fns.usda.gov/sites/default/files/CACFP_creditinghandbook.pdf)

Food Buying Guide: <http://fbg.nfsmi.org/>

### Catered Meals

The Catering Guidance Handbook is available on the State Agency website:

<http://education.ky.gov/federal/SCN/Pages/Catering-Resources.aspx>

### Water

In accordance with FNS Policy Memo CACFP 20-2016, child care centers must make water available to children upon request throughout the day, including meal times. Water does not have to be available for children to self-serve. As of October 1, 2017, in addition to making water available, child care centers must also offer water to children throughout the day.

### Taking Meal Components Off-Site

Refer to the August 10, 2016 USDA Memo CACFP 22-2016: *Taking Food Components Off-site in the At-Risk Afterschool Component of the Child and Adult Care Food Program*

[https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP22\\_2016os.pdf](https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP22_2016os.pdf)

### **Field Trips**

- Check with the local health department and Licensure to ensure they approve of the planned field trip
- Notify the Sponsoring Organization or KDE (whichever is appropriate) in writing (email) of the dates/times the children will be out of the center
- Update the menu to reflect any changes in the meal being served on the field trip
- Keep required documentation, such as meals counts

### **Offer vs. Serve (OVS)**

OVS is an approach to menu planning and meal service that allows participants to decline some of the food offered in a reimbursable breakfast, lunch or supper.

OVS is only allowed in CACFP at-risk afterschool settings for breakfast, lunch and supper meals. OVS is not allowed at snack.

Using OVS is optional. At-risk afterschool programs are not required to implement OVS.

**FNS Memo: CACFP 05-2017** Offer versus Serve and Family Style Meals in the Child and Adult Care Food Program <https://www.fns.usda.gov/sites/default/files/cacfp/CACFP05-2017os.pdf>

All sponsors and independent centers electing to use OVS in the at-risk afterschool setting of the CACFP are required to follow the CACFP OVS requirements. Due to the distinguishing nature of the CACFP from the NSLP, SBP and SFSP, including variations in settings and resources, the OVS requirements in the at-risk afterschool setting of the CACFP are slightly different from the OVS requirements in NSLP, SBP and SFSP. The OVS requirements in the CACFP are as follows:

### **OVS at Breakfast**

The CACFP breakfast meal pattern requires three food components to be offered: milk, fruits and vegetables, and grains. As a reminder, fruit and vegetables are one combined component in the breakfast meal patterns.

When using OVS at breakfast, at least the following four food items, in the required minimum serving sizes, must be offered:

1. A serving of milk;
2. A food item from the fruit and vegetable component;
3. A food item from the grains component; and
4. A food item from the meat/meat alternate component **or** one additional item from the fruit and vegetable component **or** grains component.

All of the food items offered must be different from each other. For example, while a flake cereal, such as bran flakes with raisins, and a puff cereal, such as a puffed rice cereal, are two types of cereals that are not identical, they are the same food item.

A child or adult must take at least three different food items from any of the food items offered. The food items selected may be from any of the required components and must be in the required minimum serving sizes. Here is an example of a reimbursable OVS breakfast menu:

- ½ cup berries;
- ½ cup grapefruit;
- 1 serving pancakes; and
- 1 cup (8 oz.) of fluid milk

Under this menu, a child may take the berries, grapefruit and milk, OR, berries, pancakes and milk, and many other combinations. If the child takes two servings of pancakes and the milk, it is not a reimbursable meal because two of the food items are the same and all three items selected must be different from each other.

### **OVS at Lunch or Supper**

The CACFP lunch and supper meal patterns requires all five food components to be offered: milk, meat/meat alternates, vegetables, fruits, and grains.

When using OVS at lunch or supper, at least one food item from each of the five food components, in the required minimum serving sizes, required at lunch and supper must be offered:

1. A serving of milk;
2. A food item from the meat/meat alternate component;
3. A food item from the vegetable component;
4. A food item from the fruit component; and
5. A food item from the grains component

Similar to OVS at breakfast, all of the food items offered at lunch and supper must be different from each other. For example, while apple slices and apple sauce are two types of apples that are not identical, they are the same food item.

Unlike OVS at breakfast, at lunch or supper meals using OVS, a child or adult must take at least three food components, rather than three items, to ensure the child or adult takes an adequately nutritious meal. A child or adult must select at least the minimum required serving size of the components for them to be counted.

Here is an example of a reimbursable OVS lunch menu:

- 2 ounces Parmesan Chicken;
- ½ cup spinach salad;
- ¼ cup broccoli;
- 1 cup pasta; and
- 1 cup (8 oz.) of fluid milk

When serving OVS meals:

- Meal components can be served pre-portioned or directly by a provider.
- Each child or adult may decline some food components or items, based on the meal being served. However, each child or adult must take the minimum serving size of the food item or component in order for the meal to be reimbursable.
- At-risk afterschool programs may not specify what food items a child or adult must select.

### **Share Tables**

Share tables are an innovative way to encourage the consumption of nutritious foods and to reduce waste. Share tables are tables or stations where children may return whole food or beverage items they choose to not eat. This must be done in compliance with local and state health and food safety codes. These items then are available to other children who may want additional servings.

Refer to the June 22, 2016 USDA Memo CACFP 13-2016: *The Use of Share Tables in Child Nutrition Programs*

<http://www.fns.usda.gov/use-share-tables-child-nutrition-programs>

### **Meal Pattern**

The 13 through 18-year-old age group is an addition to the meal pattern requirements. This age group was added to better reflect the characteristics of the populations served in the CACFP, specifically those in the at-risk afterschool programs and emergency shelters. Therefore, this age group is used specifically for individuals operating at-risk afterschool programs and emergency shelters only.

## Child and Adult Care Food Program Meal Patterns for Children

This chart lists the amounts and types of food to be served to children one year and older.

<b>Breakfast</b> <b>(Select all three components for a reimbursable meal)</b>				
<b>Food Components and Food Items<sup>1</sup></b>	<b>Ages 1-2</b>	<b>Ages 3-5</b>	<b>Ages 6-12</b>	<b>Ages 13-18<sup>2</sup></b> (at-risk afterschool programs and emergency shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Vegetables, fruits, or portions of both<sup>4</sup></b>	¼ cup	½ cup	½ cup	½ cup
<b>Grains<sup>5,6,7</sup></b>				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>8</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>8,9</sup>				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

1 Must serve all three components for a reimbursable meal.

2 Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

3 Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.

4 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day. Juice served to infants is not creditable.

5 At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

6 Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

8 Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

9 Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; ¾ cup for children 6-12; and 1 ½ cups for adults.

7 *CFR 226.20*

<b>Lunch and Supper</b> <b>(Select all five components for a reimbursable meal)</b>				
<b>Food Components and Food Items<sup>1</sup></b>	<b>Ages 1-2</b>	<b>Ages 3-5</b>	<b>Ages 6-12</b>	<b>Ages 13-18<sup>2</sup></b> (at-risk afterschool programs and emergency shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Meat/meat alternates</b>				
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces	2 ounces
Tofu, soy product, or alternate protein products <sup>4</sup>	1 ounce	1 ½ ounce	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces
Large egg	½	¾	1	1
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp.	3 tbsp.	4 tbsp.	4 tbsp.
Yogurt, plain or flavored unsweetened or sweetened <sup>5</sup>	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%
<b>Vegetables<sup>6</sup></b>	⅛ cup	¼ cup	½ cup	½ cup
<b>Fruits<sup>6,7</sup></b>	⅛ cup	¼ cup	¼ cup	¼ cup
<b>Grains<sup>8,9</sup></b>				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>10</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup

1. Must serve all five components for a reimbursable meal. Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
2. Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.
3. Alternate protein products must meet the requirements in Appendix A to Part 226.
4. Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
5. Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
6. A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
7. At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.
8. Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

<b>Snack</b> (Select two of the five components for a reimbursable snack)				
<b>Food Components and Food Items<sup>1</sup></b>	<b>Ages 1-2</b>	<b>Ages 3-5</b>	<b>Ages 6-12</b>	<b>Ages 13-18<sup>2</sup></b> (at-risk afterschool programs and emergency shelters)
<b>Fluid Milk<sup>2</sup></b>	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Meat/meat alternates</b>				
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products <sup>1</sup>	½ ounce	½ ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce
Large egg	½	½	½	½
Cooked dry beans or peas	⅛ cup	⅛ cup	¼ cup	¼ cup
Peanut butter or soy nut butter or other nut or seed butters	1 tbsp.	1 tbsp.	2 tbsp.	2 tbsp.
Yogurt, plain or flavored unsweetened or sweetened <sup>5</sup>	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce	1 ounce	1 ounce
<b>Vegetables<sup>6</sup></b>	½ cup	½ cup	¾ cup	¾ cup
<b>Fruits<sup>6</sup></b>	½ cup	½ cup	¾ cup	¾ cup
<b>Grains<sup>7,8</sup></b>				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>9</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>9,10</sup>				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup



1. Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.
2. Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
3. Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.
4. Alternate protein products must meet the requirements in Appendix A to Part 226.
5. Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
6. Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
7. At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.
- 8.
9. Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).
10. Beginning October 1, 2019, the minimum serving sizes specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is  $\frac{1}{4}$  cup for children ages 1-2;  $\frac{1}{3}$  cup for children ages 3-5;  $\frac{3}{4}$  cup for children 6-12; and 1  $\frac{1}{2}$  cups for adults.

## **Updated Meal Pattern Requirements for Children and Adults**

### **Milk**

- The appropriate type of milk is listed for each age group:
  - Age 1 year: Unflavored whole milk
  - Ages 2-5 years: Unflavored low-fat or fat-free milk
  - Ages 6-18 years and Adults: Unflavored low-fat, unflavored fat-free, or flavored fat-free milk

### **Meat/Meat Alternatives**

- Meat/meat alternates may replace the entire grains component at breakfast a maximum of three times per week
- Yogurt cannot contain more than 23 grams of sugar per 6 ounces
- Tofu and soy yogurt may be served as a meat alternate

### **Fruits/Vegetables**

- A vegetable and a fruit must be served during lunch and supper meals. However, in order to increase vegetable consumption, a vegetable may be substituted for the fruit component. If two vegetables are served, they must be two different types of vegetables.
- Juice is limited to once per day for ages 1 year old and up

### **Grains**

- At least one serving of grains per day must be whole grain-rich
- Breakfast cereals cannot contain more than 6 grams of sugar per dry ounce
- Grain-based desserts and sweet grains are not allowed

### **Deep-fat Frying**

- On-site deep-fat frying is not allowed

***The previous meal patterns and the updated meal patterns are shown on the following page:***

## Breakfast Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
<b>Milk</b>	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup
<b>Vegetables, fruit, or both</b>	¼ cup	¼ cup	½ cup	½ cup	½ cup	½ cup	½ cup	½ cup
<b>Grains</b>	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	1 oz eq*	2 servings	2 oz eq*

\*Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.  
Oz eq = ounce equivalents

## Lunch and Supper Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
<b>Milk</b>	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup*
<b>Meat and meat alternates</b>	1 oz	1 oz	1 ½ oz	1 ½ oz	2 oz	2 oz	2 oz	2 oz
<b>Vegetables</b>	¼ cup	⅛ cup	½ cup	¼ cup	¾ cup	½ cup	1 cup	½ cup
<b>Fruits</b>		⅛ cup		¼ cup		¼ cup		½ cup
<b>Grains</b>	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1 oz eq	2 servings	2 oz eq

\*A serving of milk is not required at supper meals for adults  
Oz eq = ounce equivalents

## Snack Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
<b>Milk</b>	½ cup	½ cup	½ cup	½ cup	1 cup	1 cup	1 cup	1 cup
<b>Meat and meat alternates</b>	½ oz	½ oz	½ oz	½ oz	1 oz	1 oz	1 oz	1 oz
<b>Vegetables</b>	½ cup	½ cup	½ cup	½ cup	¾ cup	¾ cup	½ cup	½ cup
<b>Fruit</b>		½ cup		½ cup		¾ cup		½ cup
<b>Grains</b>	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1 oz eq	1 servings	1 oz eq

Select 2 of the 5 components for snack.  
Oz eq = ounce equivalents

*Note: All serving sizes are minimum quantities of the food components that are required to be served.*

Month/Year: \_\_\_\_\_

Site: \_\_\_\_\_

# **AT-RISK WEEKLY MENU RECORD**

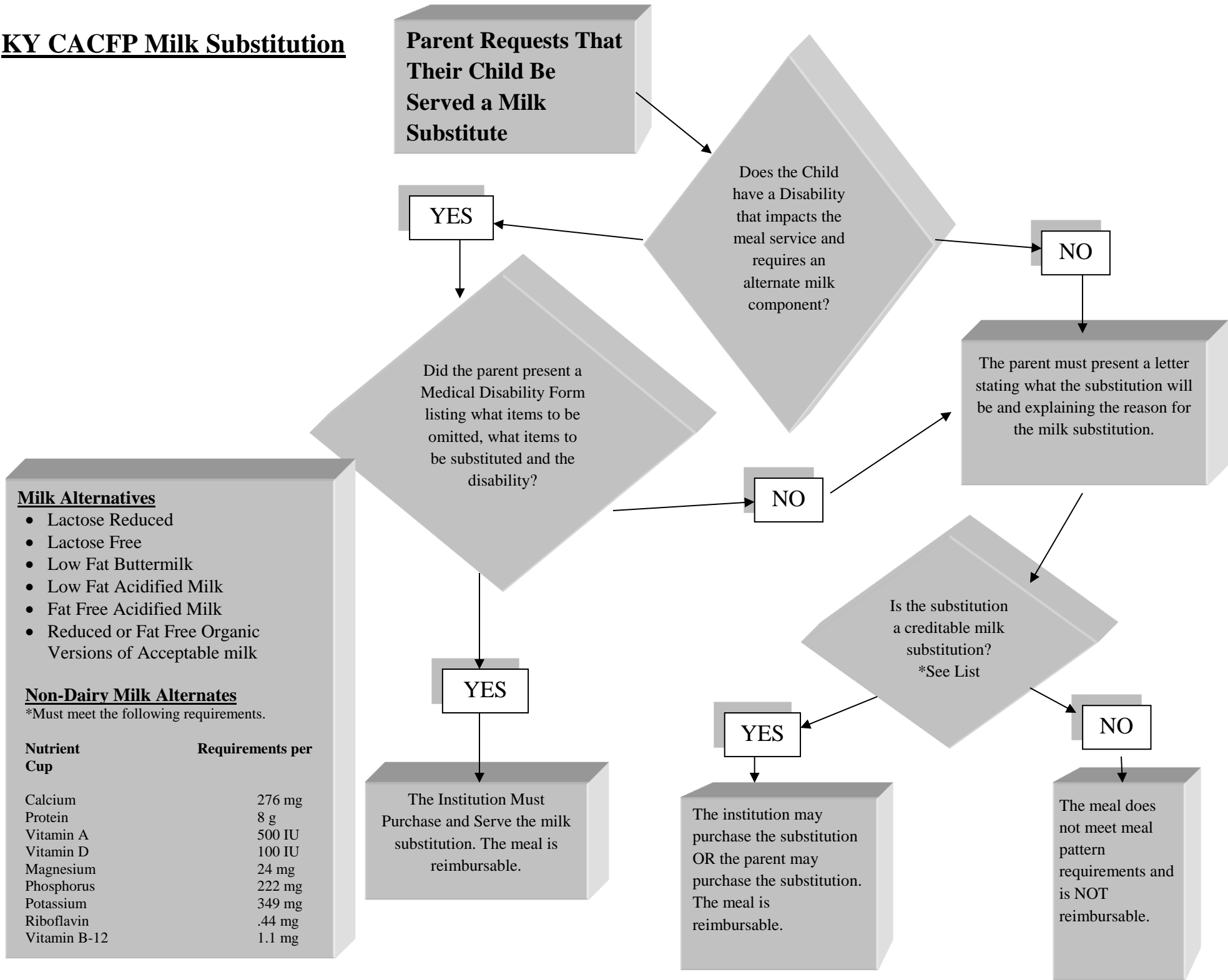
Week: \_\_\_\_\_

Components	Menu	Menu	Menu	Menu	Menu
Breakfast	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Milk					
Vegetable/Fruit					
Grains					
	<i>(Must serve 3 Breakfast Components)</i>				
Lunch					
Milk					
Meat/Meat Alternate					
Vegetable					
Vegetable or Fruit					
Grains					
	<i>(Must serve 5 Lunch Components)</i>				
Snack					
Milk					
Meat/Meat Alternate					
Vegetable					
Fruit					
Grains					
	<i>(Must serve 2 Snack Components)</i>				
Supper					
Milk					
Meat/Meat Alternate					
Vegetable					
Vegetable or Fruit					
Grains					
	<i>(Must serve 5 Supper Components)</i>				

\*7 CFR 226.15 (e)

Sponsor: Site:					
		Month: _____		Year: 20__	
	Monday Date _____	Tuesday Date _____	Wednesday Date _____	Thursday Date _____	Friday Date _____
	<b>At-Risk Snack Menu Record: Serve 2 of 5 Components</b>				
Components					
Milk					
Meat or Meat Alternate					
Vegetable					
Fruit					
Grains					
	<b>At-Risk Supper Menu Record: Serve 5 Components</b>				
Components					
Milk					
Meat or Meat Alternate					
Vegetable					
Vegetable or Fruit					
Grains					

**KY CACFP Milk Substitution**



## Meal Component Substitutions

### Medical Statement for Participants with Special Dietary Needs

This statement must be completed and submitted to the Provider/Facility/Center before any meal substitutions can be made. The parent/guardian will complete the top section and the medical authority will complete the bottom section and sign and date. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the parent/guardian is required to submit a new form signed by the child's physician.

#### Disability

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act* (ADA) of 1990, a “*person with a disability*” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

USDA regulations **7 CFR Part 15b** require substitutions or modifications in CACFP meals for participants whose disabilities restrict their diets. A participant with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify: the child's disability; an explanation of why the disability restricts the child's diet; the major life activity affected by the disability; the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and food service may, but is not required to, make food substitutions for them. However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of “disability,” and the substitutions prescribed by the licensed physician must be made.

#### Special Dietary Needs That Are Not a Disability

Food service providers may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority. The medical statement must include: an identification of the medical or other special dietary condition which restricts the child's diet; the food or foods to be omitted from the child's diet; and the food or choice of foods to be substituted.

### **Parent/Guardian Request for Fluid Milk Substitution**

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the **option** and expense of the facility/center.

The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the facility/center to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

Food substitutions can be made for participants who are unable to consume regular program meals due to **religious reasons**. In such cases, a statement from the participant's parents/guardian must be provided on behalf of the participant. The statement should specify the food or foods to be omitted from the participant's diet and specify a choice of foods that may be substituted. The Sponsoring Organization is **not** required to purchase and prepare alternate foods for religious reasons.



# CACFP Instructions for completing the Medical Statement for Participants with Special Dietary Needs

## Parent/Guardian Section

1. Fill in information located in the first section “To be completed by a Parent, Guardian, or Authorized Representative”.
2. If participant has a recognized disability or special dietary needs that are not a recognized disability, a recognized medical authority must complete the form. A recognized medical authority is anyone medically deemed certified to write prescriptions.
3. Medical Authority must sign and date.
4. Medical Authority must print their name, title, and give the telephone number where they may be contacted.
5. If participant does not have a disability, but is requesting special accommodation for a fluid milk substitute, the form may be completed by the Parent/Guardian.

## Sponsor Information

1. The statement must be completed in its entirety and submitted prior to substituting any meals.
2. If any changes are needed, a new form will need to be submitted.
3. Parents or guardians may request in writing that a non-dairy beverage be substituted for fluid milk without providing a statement from a recognized medical authority. Fluid milk substitutions requested are at the option and expense of the facility/center.
4. Non-dairy beverage products must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.

a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg

# MEDICAL STATEMENT FOR PARTICIPANTS WITH SPECIAL DIETARY NEEDS

To be completed by a Parent, Guardian, or Authorized Representative		
Participant's Name:		Birthdate:
Parent/Guardian/Authorized Representative name:		
Home Phone: (    )		Work Phone: (    )
Address:		
City:	State:	Zip:
<p>_____ Participant has a disability or medical condition and requires a special meal or accommodation.  <b>(*Recognized Medical Authority must sign)</b></p>		
<p>_____ Participant <b>does not</b> have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. (Substitutions made at the discretion of the center.)  <b>(*Recognized Medical Authority must sign)</b></p>		
<p>_____ Participant <b>does not</b> have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes.  <b>(Substitutions made at the discretion of the center)</b></p>		
<b>A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.</b>		
a. Calcium 276 mg b. Protein 8 g c. Vitamin A 500 IU	d. Vitamin D 100 IU e. Magnesium 24 mg f. Phosphorus 222 mg	g. Potassium 349 mg h. Riboflavin .44 mg i. Vitamin B-12 1.1 mcg
Foods to be omitted:		Substitutions:
_____		_____
_____		_____
_____		_____
Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):		
_____		
_____		
_____		
Please provide any other information regarding the diet:		
_____		
_____		
_____		

**\*Recognized Medical Authority: Anyone who can prescribe medication.**

\_\_\_\_\_  
 Physician/Medical Authority's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name and Title

\_\_\_\_\_  
 Telephone

\*7 CFR 226.20 (h) & Policy Memo: CACFP 13-2015

## **At-Risk Record of Meals Served Form (17-9)**

The **At-Risk Record of Meals Served Form (17-9)** is the official source of documentation used to verify meal counts. Meal counts must be taken during the meal service and must equal the actual number of meals served. Meal counts cannot be taken from attendance records or sign-in sheets. Sponsors are encouraged to use the State Agency Record of Meals Served (17-9) form.

The At-Risk Record of Meals Served Form (17-9) provides an area to record total daily attendance which is obtained from attendance records. Attendance records are not the same as the “Record of Meals Served”. In some cases, participants may be present at the center, but the individual may not participate during the meal service. Therefore, reimbursement is calculated based on meals actually served, not attendance records.

### **Instructions for completing the At-Risk Record of Meals Served Form (17-9)**

1. Record the Site Name and Month

#### **Each Serving Day:**

2. Locate the appropriate date for the day.
3. Record the number of Meals Prepared (MP) or Meals Delivered (MD)
4. Record the number of meals served in the 6-18 age range column.
5. Record the Total Daily Attendance (TDA) as found on the daily attendance records
6. Record the number of meals served to Program Adults (PA) who perform labor necessary to the food service. This column doesn't need to be totaled at the end of the month and these meals are **not** included in the monthly claim for reimbursement.

#### **After the last serving day of the month:**

7. Total the number of meals served and enter the amount at the bottom of the “6-18” column.
8. Calculate and record the total number of participants in attendance at the bottom of the “TDA” (Total Daily Attendance) column. Note: The total number of meals served should never exceed the Total Daily Attendance.
9. Submit the totals of these two columns on the monthly claim.

Form 17-9

**At-Risk Record of Meals Served**  
**Child and Adult Food Program**

<b>Site</b>		<b>Month</b>	
-------------	--	--------------	--

At-Risk Snack					At-Risk Breakfast			
Date	MD/MP	6-18	TDA	PA	MD/MP	6-18	TDA	PA
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
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21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Total								

MP=Meals Prepared  
 MD= Meals Delivered  
 PA = Program Adults  
 TDA= Total Daily Attendance

Form 17-9

**At-Risk Record of Meals Served**  
**Child and Adult Food Program**

<b>Site</b>		<b>Month</b>	
-------------	--	--------------	--

At-Risk Snack					At-Risk Lunch/Supper			
Date	MD/MP	6-18	TDA	PA	MD/MP	6-18	TDA	PA
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
<b>Total</b>								

MP=Meals Prepared  
 MD= Meals Delivered  
 PA = Program Adults  
 TDA= Total Daily Attendance

## **Daily Attendance Records**

At-Risk Meal Program sponsors are required to maintain daily attendance records in order to document a participant's attendance. The participant's first and last name and date of attendance must be recorded on the attendance record.

Daily attendance should be totaled every day and recorded on the At-Risk Record of Meals Served (17-9) form in the Total Daily Attendance (TDA) column.

A copy of the State Agency's Daily Attendance Record Form is on the following page. Sponsors may design their own form but it must contain, at a minimum, the information contained on the State Agency form. Forms designed by the sponsor must be submitted to the State Agency for approval.

Failure to maintain attendance records or maintenance of inadequate attendance records will result in the recovery of CACFP reimbursement. Attendance records must be maintained on file for three years plus the current fiscal year.

### **Instructions for Completing the Daily Attendance Record**

1. Fill in the Month/Year and Sponsor/Site information.
2. Record the first and last names of the participants.
3. Record attendance and total the columns daily.
4. Place daily attendance totals from the Daily Attendance Record form on the At-Risk Record of Meals Served Form (17-9) in the column labeled "TDA".

***Note: Do not use the Daily Attendance Record totals as meal count submissions***

## DAILY ATTENDANCE RECORD

**Month/Year** \_\_\_\_\_

**Sponsor** \_\_\_\_\_

[illegible]

Each day's totals must be recorded on the Record of Meal Served (Form 17-9) in the Total Daily Attendance Column at the end of each day. \*7

*CFR 226.15(e)(4) and 226.17a(O)(1)*

## Site Application and Pre-Approval Visit Form for At-Risk and Special At-Risk Sites

Sponsors requesting the addition of a site(s) to the existing CNIPS Application are required to complete an At-Risk Site Application and Pre-Approval Visit Form.

The form must be submitted to the sponsor's CACFP Consultant on or before the 25<sup>th</sup> of the month prior to the month in which meals will be claimed. Requests submitted after the 25<sup>th</sup> may not be approved until the following month.

All submitted forms will be reviewed by the approving CACFP Consultant and the sponsor will be informed of the results.

If the site request is approved, the CACFP Consultant will create the new Site Application in CNIPS.

The Sponsor must then complete the Site Application in CNIPS and submit it via CNIPS for approval.

Upon approval by the CACFP Consultant, meals served at the Site can be claimed for the month in which the site application was approved.

### **“At-Risk” Site vs. “Special At-Risk” Site**

**An *At-Risk* site** is a site which will claim At-Risk afterschool meals during the regular school year.

**A “*Special*” At-Risk site** is an established At-Risk site which will claim “special” meals.

- “*Special*” meals are served on weekends, snow days, vacation days and holidays during the regular school year.
- Enrichment activities must be available and part of the regularly scheduled calendar.
- All Enrichments must be developmentally appropriate
- Enrichment must be submitted with the site application form and signed by the staff who will be present and supervising the enrichment at the requested site.
- One-time events are not allowed

**\*NOTE:** “*Special*” sites are subject to compliance reviews as well.



**At-Risk Afterschool Meals  
Site Application and Pre-Approval Visit Form  
Kentucky Department of Education CACFP**

**Sponsor:** \_\_\_\_\_ **CNIPS #:** \_\_\_\_\_

Site Information							
<b>Site Name</b>							
<b>Street Address</b>							
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>County</b>	
<b>Phone Number</b>	(    )	<b>Extension</b>		<b>Fax Number</b>		(    )	
<b>Program Contact</b>			<b>Email</b>				
<b>Site Type (Check One)</b>	___ At-Risk	___ <b>Special At-Risk (Describe):</b> _____ _____ <b>Special Date(s):</b> _____					

**Site Eligibility**

- At-Risk Site Qualifying Data: \_\_\_\_\_ % Free/Reduced  
 (The site must be located in the attendance area of a public school where at least 50 percent of the enrolled students are certified as eligible for free or reduced-price meals. **CEP data cannot be used**).
- Name of school used for Qualifying Data: \_\_\_\_\_
- License Information: \_\_\_ Exempt from State or Local Licensure (Is an At-Risk only site)  
                                  Capacity: \_\_\_\_\_ License ID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Site Operational Information:**

- a. Site/School Hours            Begin: \_\_\_\_\_ End: \_\_\_\_\_
- b. At-Risk Program Hours      Begin: \_\_\_\_\_ End: \_\_\_\_\_
- c. Days of the week At-Risk meals will be claimed:  
      \_\_\_ Monday   \_\_\_ Tuesday   \_\_\_ Wednesday   \_\_\_ Thursday   \_\_\_ Friday   \_\_\_ Saturday   \_\_\_ Sunday
- d. At-Risk Meals Claimed:   \_\_\_ Breakfast   \_\_\_ Lunch   \_\_\_ Snack   \_\_\_ Supper
- e. At-Risk Meal Times:   Start: \_\_\_\_\_ End: \_\_\_\_\_  
    Start: \_\_\_\_\_ End: \_\_\_\_\_
- f. Method of Meal Service:
  - ☐ Site prepares meals on site (contract not required)
  - ☐ Site receives meals from another site or central preparation owned by the sponsor (contract not required)
  - ☐ Site contracts with a local public school system
  - ☐ Site contracts with another approved CACFP site with which it is not affiliated
  - ☐ Site contracts with a registered caterer

Personnel responsible for CACFP administration and food service	
Name	Program Labor or Administrative Duties

Enrichment and Educational Activities					
Only list Enrichment Activities which are <u>open to all participants</u> such as; Homework Assistance, Remedial Education, ESS, Computer Skills, Life Skills, Organized Fitness, Arts/Crafts, Clubs, etc. <i>Sports teams cannot be a stand-alone enrichment.</i>	Supervisor/Leader/ Instructor Name	Location (Library, Gym, Classroom, etc.)	Day(s) of the Week	Time Begin/End	Age Range: Infant, Pre-K, Elem., Middle, High

Signature of Site Instructor for Enrichment Activities

Date

I certify that all information on this Site Application and Pre-Approval Visit (if applicable) Form is true and correct.

Signature of Sponsoring Organization Authorized Representative

Title

Printed Name

Date

Signature of Site Program Contact

Title

Printed Name

Date

Submit a copy of the School District Calendar, Site License (if applicable) and this form to:

- FAX: 502-564-5519
- Or
- Email: [scncacfpgeneral@education.ky.gov](mailto:scncacfpgeneral@education.ky.gov)

**\*\*Sponsors of Unaffiliated Sites must also complete and submit this page\*\***

- Has the site ever participated in the Kentucky CACFP? Yes \_\_\_\_ No \_\_\_\_
- Does the site participate in any other child nutrition programs? Yes \_\_\_\_ No \_\_\_\_  
If yes, list the programs: \_\_\_\_\_
- Has any person directly working with the CACFP/At-Risk program at the site ever been terminated from participation in the CACFP? Yes \_\_\_\_ No \_\_\_\_  
If yes, list the date: \_\_\_\_\_
- List the site program contact and the date they were trained on USDA meal pattern requirements, civil rights compliance, and recordkeeping requirements: \_\_\_\_\_
- Does the site store cleaning supplies/pesticides separately from food items? \_\_\_\_ yes \_\_\_\_ no  
If no, provide explanation: \_\_\_\_\_
- Does the site follow proper hand washing procedures? \_\_\_\_ yes \_\_\_\_ no  
If no, provide explanation: \_\_\_\_\_
- Is the site's dining area clean and sanitary? \_\_\_\_ yes \_\_\_\_ no  
If no, provide explanation: \_\_\_\_\_

**Unaffiliated Site: Required forms (Hard Copies to be kept at the Sponsoring Organization office)**

- ☐ License to Operate or Proof of Occupancy
- ☐ Food Service Inspection Report (If Applicable)
- ☐ News Release
- ☐ Catering Contract (If Applicable)
- ☐ Agreement to Supply Meals (If Applicable)
- ☐ Agreement between Sponsoring Organization and Unaffiliated At-Risk Site

**Unaffiliated Site: Reporting of Ethnic/Racial Data**

(1) Record the ethnicity and race percentages for the school nearest the site. To obtain the ethnic/racial data for the geographic area, access the following link:

[http://education.ky.gov/federal/SCN/Documents/Public%20School Ethnicity%20Report.pdf](http://education.ky.gov/federal/SCN/Documents/Public%20School%20Ethnicity%20Report.pdf)

(2) Record the number of CACFP afterschool program participants at the site by their ethnicity and race.

	Ethnicity			Race				
	Hispanic or Latino	Non-Hispanic, Non-Latino		Black or African American	White	American Indian or Alaskan Native	Asian	Native Hawaiian or Pacific Islander
(1)	%	%		%	%	%	%	%
(2)	#	#		#	#	#	#	#

Identify the source (school) of the ethnic/racial data for the geographic area.

Describe the procedure to collect and maintain ethnic/racial data of site participants.

\_\_\_\_\_  
**Signature of Sponsoring Organization Authorized Representative**

\_\_\_\_\_  
**Date**

## Procurement

There are 3 methods of procurement:

**Micro-Purchase:** Used when single purchase transactions are equal to or less than \$3,500 and the annual aggregate total of all transactions does not exceed \$150,000. The following requirements must be met:

- Micro-purchases may be made without soliciting competitive quotes if the sponsor considers the price to be reasonable
- To the extent practicable, the sponsor must distribute micro-purchases equitably among suppliers
- The sponsor must maintain all receipts/invoices

**Small Purchase/Informal:** Used when single purchase transactions are between \$3,501 and \$149,999. The following requirements must be met:

- Price quotations must be obtained from at least three qualified suppliers
- The sponsor must maintain written documentation of the quotes
- The sponsor must maintain all receipts/invoices

**Formal Bid:** Used when single purchase transactions or the annual aggregate total of all transactions or contracts are equal to or greater than \$150,000. The following requirements must be met:

- Invitation for Bid (IFB) or Request for Proposal (RFP)
- Contact the State Agency for assistance

## **Small Purchase/Informal Procurement**

(Documenting quotes from qualified suppliers)

To meet the requirements for small purchase/informal procurement, such as those items purchased from a grocery, retail store or vendor, the State Agency requires annual quotes from at least 3 qualified suppliers. Sponsors will document in writing at least three separate, but similar, quotes on the cost of at least 6 items and compare the costs of these items from each supplier. Sponsors are required to select the supplier that has the lowest price unless other circumstances, such as proximity of the store or consistency of quality, impact their decision. This information must be documented on the Small Purchase/Informal Procurement form.

### Instructions for Completing the Small Purchase/Informal Procurement Form:

1. Record the date of procurement.
2. List 6 most commonly purchased items.
3. List 3 qualified suppliers.
4. List the prices of the 6 items at each of the suppliers.
5. Choose the supplier from which the items will be purchased.
6. If the supplier chosen doesn't offer the lowest price, explain why the supplier was chosen (location, options, etc.).
7. File the form in the CACFP folder labeled "Procurement".

**Documentation for Small Purchase/Informal Procurement**  
(Used if single purchase transaction is \$3,501 and \$149,000)

**DATE:** \_\_\_\_\_

Item	Name of Supplier 1:	Name of Supplier 2:	Name of Supplier 3:	Reason for selection if not lowest price
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	
4.	\$	\$	\$	
5.	\$	\$	\$	
6.	\$	\$	\$	

\*7 CFR 226.22

## PROGRAM COSTS DOCUMENTATION

Every institution participating in the CACFP must demonstrate the operation of a non-profit food service program. **As provided by USDA's Financial Management-Child and Adult Care Food Program Food and Nutrition Service (FNS) Instruction 796-2, Revision 4, all institutions must operate a non-profit food service in which all CACFP meal payments are expended for allowable costs. This means that ALL of the money received in CACFP reimbursement MUST be used ONLY in the food service operation. All CACFP records must be kept on file for three years plus the current year.**

The following are examples only and are not intended to be a complete guide as to how CACFP funds may or may not be spent. Refer to FNS -Instruction 796-2, Rev. 3 or contact the State Agency with questions about allowable expenses.

### Food and Milk Documentation:

**Allowable Costs:** Foods purchased only for CACFP use.

**Not Allowable:** Cost of food lost as a result of fire, water, spoilage or other contamination in excess of \$100; fast food, personal groceries or items such as cigarettes, soda, pet food, etc.

### Minimum Records that Support Cost of Food & Milk Used:

- a. Invoices, bills, receipts (all food receipts used to document costs to the CACFP must be original, dated, itemized, and include the name of the store where the food was purchased and the method of payment)
- b. Canceled checks
- c. Food inventory records
- d. Records of cash discounts and other credits if not shown on purchase orders and/or invoices
- e. Menus (Participant and Infant)
- f. Invoices from a food management company, caterer or school (reported as cost of food used)
- g. Daily delivery tickets that include components served, as well as the name of the catering source, date, number of meals ordered and number of meals delivered. Delivery tickets must be signed and dated by the vendor staff delivering meals and the sponsor staff receiving meals

Delivery tickets should be compared to the vendor's monthly invoice to ensure that the sponsor was charged for the correct number of meals ordered.

## **Nonfood Cost Documentation:**

**Allowable Costs:** Supplies needed to administer the CACFP. Examples are: paper goods (napkins, straws, cups, etc.), cleaning supplies for kitchen and dining room.

**Not Allowable:** Supplies which are not used to administer the CACFP. Examples are: general day care supplies or arts/crafts projects, toys, games, videos, laundry and general cleaning supplies not used in the food service area.

If nonfood items are used entirely for the meal service (i.e. paper products, plastic silverware, kitchen cleaning supplies, eating area cleaning supplies, etc.), the total cost plus tax can be claimed. If only a portion of the nonfood items are used for the food program (i.e. trash bags, paper towels), then only half of the cost and only half of the tax can be claimed. Nonfood items purchased for day care use only (i.e. toilet paper, Kleenex) cannot be included in CACFP program costs.

### **Minimum Records that Support nonfood Supplies and Expendable Equipment:**

- a. Invoices, bills, receipts (all food receipts used to document costs to the CACFP must be original, dated, itemized, and include the name of the store where the food was purchased and the method of payment)
- b. Canceled checks
- c. Bank statements

**Note:** Canceled checks and bank statements will be used only to verify payment of original receipts and cannot be used as the only source of documentation.

### **Program Labor Costs:**

Program labor costs may only be claimed if the individuals performing the food service are employed by the participating institution.

Program Labor Costs for Food Service are limited to wages and fringe benefits paid by the sponsor to employees directly involved with the food service program. If the sponsor is reimbursed for an employee's wages from some other source, it cannot be claimed as a cost to the Program.

### **Allowable Direct Costs:**

- a. Wages paid for preparing and serving food;
- b. Wages paid to personnel who assist participants at mealtime;
- c. Wages paid for on-site preparation of records required for the food program.
- d. Program Labor duties including cooking, serving, menu planning, grocery shopping and cleaning of kitchen and dining room.



**Not Allowable:** Administrative costs, donated labor, salaries of staff who do not perform CACFP duties; wages paid from sources other than the sponsoring organization.

**Minimum Records that Support Program Labor Costs:**

- a. Staff who work full-time on CACFP duties (cooks) will document their wages and benefits by copies of their pay stubs in the monthly folder.
- b. Personnel Activity Reports (PAR) – are maintained by employees to establish the amount of time per day spent on the food program when the employee has other duties. These must be signed and dated by employee at the end of the month. The PAR must be signed and dated by the employee's supervisor. The PAR must be maintained in the monthly folders.

**Program Administrative Costs:**

Program Administrative Costs include expenditures incurred by a sponsoring organization that relate to planning, organizing, and managing the food service program.

**Allowable Direct Costs:**

Wages paid for completing the application packet, approving income applications, conducting monitor reviews, training center personnel regarding CACFP requirements, time spent compiling the monthly Claim for Reimbursement, cost of computer equipment used to administer CACFP and attending State Agency training (training time may only be claimed for the month in which it occurs).

**Not Allowable:** Volunteer labor, wages paid from sources other than sponsoring organization, costs incurred to comply with licensing standards.

**Minimum Records that Support Administrative Costs:**

- a. Payroll records (bank statements, canceled checks, pay stubs, etc.).
- b. Personnel Activity Reports - daily time sheet that establishes the amount of time each employee spends on food program responsibilities when the employee has other duties. They must be signed and dated by the employee.
- c. Mileage documentation.
- d. Rental agreements and invoices for office equipment or office space.
- e. Invoices and canceled checks for any costs claimed as an administrative expense.

**Reminder: The appropriate Procurement process must be completed annually**

## CACFP Instructions for Completing the Personnel Activity Report (PAR)

### Employee Section: (To be completed daily by the employee)

1. Print Name and the Month/Year of PAR on designated lines.
2. Place number of hours worked beside the appropriate date. Designate hours worked for Administrative and Program Labor by writing the number of hours under the appropriate column.
3. List any non CACFP hours worked under the "Non CACFP Hours Worked" column.
4. Total the columns for each row and place the total under the, "Total Hours Worked" for each day claimed.
5. At the end of the month, sign and date the form, verifying the information provided is correct.

### Sponsor Section: (To be completed by Director/Authorized Representative at the end of the month)

#### A. Hourly Paid Staff

1. Using the total for administrative hours from the table; insert the administrative hours and multiply them by the hourly wage of the employee. Place total in blank provided (Total administrative CACFP Salary).  
  
*\*Administrative hours should only be used if the expense is approved in the CNIPS budget\**
2. Using the total for program labor hours from the table; insert the program labor hours and multiply them by the hourly wage of the employee. Place total in blank provided (Total program labor CACFP salary).
3. The employee's name and labor expense claimed should be recorded on the Record of Expenditures form 17-8.

#### B. Salaried Staff

1. Using the total for administrative hours worked on CACFP from the table; insert the administrative hours worked and divide by the total hours worked. Multiply total by 100 and place percentage in blank provided (%). Then, multiply the total salary for the month by the percentage found above. Place total in blank provided (Total admin. CACFP salary).  
  
*\*Administrative hours should only be used if the expense is approved in the CNIPS budget\**
2. Using the total for program labor hours worked on CACFP from the table; insert the program labor hours worked and divide by the total hours worked. Multiply total by 100 and place percentage in blank provided (%) Then, multiply the total salary for the month by the percentage found above. Place total in blank provided (Total program labor CACFP salary).
3. Verify totals, sign and date form.

# PERSONNEL ACTIVITY REPORT

Employee Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE:**

**INSTRUCTIONS:** This form is for employees who spend part of their day working on the Child and Adult Care Food Program (CACFP). Each month, indicate the number of hours per day spent on administrative and program labor activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the Claim for Reimbursement. Examples of CACFP program labor activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.

Hours Worked on CACFP					Hours Worked On CACFP				
Date	Admin	Program Labor	Non CACFP Hours Worked	Total Hours Worked	Date	Admin	Program Labor	Non CACFP Hours Worked	Total Hours Worked
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					<b>TOTAL</b>				

I certify that this is an accurate record of the number of hours worked on the CACFP.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE:**

**A. (HOURLY PAID STAFF)**

1. Total administrative hours worked on CACFP \_\_\_\_\_ x \_\_\_\_\_ (hourly wage) = \$ \_\_\_\_\_ (Total administrative CACFP salary)
2. Total program labor hours worked on CACFP \_\_\_\_\_ x \_\_\_\_\_ (hourly wage) = \$ \_\_\_\_\_ (Total program labor CACFP salary)

**B. (SALARIED STAFF)**

3. Total administrative hours worked on CACFP \_\_\_\_\_ ÷ \_\_\_\_\_ (Total hours worked) = \_\_\_\_\_ %  
Total Salary for month \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_ (Total admin. CACFP salary)
4. Total program labor hours worked on CACFP \_\_\_\_\_ ÷ \_\_\_\_\_ (Total hours worked) = \_\_\_\_\_ %  
Total Salary for month \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_ (Total program labor CACFP salary)

I certify that payroll records are on file that verifies the total wages as listed above.

5. Signature of Center Director/Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

\*7 CFR 226.15(e)

## RECORD OF FOOD PROGRAM EXPENDITURES FOR THE MONTH (FORM 17-8)

The Record of Food Program Expenditures for the Month (Form 17-8) is used by institutions to record all of the expenses which justify the CACFP reimbursement for the month. Institutions will keep this form, along with all receipts and the menu record, in the corresponding monthly folder. Every month, institutions may use the calculations from their monthly 17-8 form to record their program costs on the Justification for Reimbursement form. Institutions can use the Justification for Reimbursement Form to record their yearly expenses in the ACQR (Actual Cost Quarterly Report) in CNIPS.

The Record of Food Program Expenditures form may be completed throughout the month or at the end of the month but must be complete before the claim is submitted.

Recording the quantity of milk purchased on the Record of Food Program Expenditures form will assist in completing the optional monthly milk reconciliation to determine if enough milk has been served and/or purchased to meet meal pattern requirements.

### Instructions for Completing the Record of Food Program Expenditures (17-8) Form

1. List the Month, Sponsoring Organization, Center and CNIPS Number.
2. Record the date, name of store/Food Management Company, Food, Quantity of Milk purchased and Nonfood Expenses (chronological order) as purchases are made.
3. At the end of the month, record information from all Personnel Activity Reports at the bottom of the form. The employee's name should be listed above the totals row and expenses for payroll under the Program Labor column.
4. If Program Administrative Costs are claimed write "Program Administrative Costs" under the "Name of Store, Vendor, Food Management Company or Program Labor" heading and record the total from the "Record of Administrative Costs for the Month" worksheet under the "Program Admin Cost" heading.
5. Total all columns and record information on the Justification for CACFP Reimbursement Form which will later be used to complete the Actual Cost Quarterly Report (ACQR).
6. File completed form in the monthly CACFP folder.

**Donated foods** can be used to prepare reimburseable meals. Institutions which receive donated foods should document the date and the amount received on the Record of Expenses 17-8 form.

### RECORD OF FOOD PROGRAM EXPENDITURES FOR THE MONTH

<b>SPONSORING ORGANIZATION</b>				<b>CENTER</b>		
<b>CNIPS NUMBER</b>						
Date	Name of Store, Vendor, Food Management Company or Program Labor	Food	Quantity of Milk; Gallons and/or Pints	Non Food	Program Labor	Program Admin. Cost
Totals						

## **Actual Costs Quarterly Reporting**

### **ACQR (Actual Costs Quarterly Reporting) and Justification for Reimbursement**

FNS 796-2 Revision 3 requires that all institutions show fiscal integrity and accountability for all funds received from the Child and Adult Care Food Program. All expenses incurred as program expenses must be approved and funds must be used for authorized program expenses only.

In order to justify the reimbursement received, the State Agency requires that all institutions report their actual costs. The State Agency will review the costs to ensure that institutions are being fiscally responsible with CACFP funds.

**There are 3 options for reporting actual costs:**

1. Institutions which have been completing the quarterly ACQR Report in CNIPS can continue to do so. If reporting quarterly, the ACQR is to be completed by January 31st for the first quarter, April 30th for the second quarter, July 31st for the third quarter, and October 31st for fourth quarter. The ACQR can be completed in CNIPS at <https://cnips.education.ky.gov/cnips/>
2. Institutions can submit a one-time, annual ACQR in CNIPS by combining the costs for all of the months (Oct – Sept) and recording the totals in just one section of the ACQR (Due annually by October 20th).
3. Institutions can complete the electronic or paper version of the “Justification for CACFP Reimbursement” form which can be found on the State Agency website and submit it to their CACFP consultant by October 20th.

**Institutions must complete at least one of these options each year. Not doing so will result in a review.**

**An ACQR Training Presentation is available on the State Agency website:**

<http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>

## **CACFP Instructions for Completing the Justification for Reimbursement Form**

1. Using the Record of Food Program Expenditures Form (17-8) for the month, record totals for Food, Non-Food, Program Labor and Administrative Costs.
2. Total expenditures for the month and place in column labeled "Total Expenditures by Month".
3. Record Reimbursement Amount using the amount of CACFP reimbursement received for the month.
4. Subtract the Total Expenditures by month from the Reimbursement Amount and place total under the "Difference" column.
5. To calculate % spent on food, divide Food costs by Reimbursement Amount and multiply answer by 100. Place answer under "% Spent on Food".
6. At the end of each quarter, (Oct.-Dec, Jan-Mar, Apr-June, July-Sept), total all columns and use the information from the form when completing the Actual Costs Quarterly Report (ACQR) in CNIPS.

## Justification for CACFP Reimbursement

Month	Food Costs	Nonfood Costs	Program Labor Costs	Administrative Costs	Total Expenditures by Month	Reimbursement Amount	Difference	% Spent On Food*
October								
November								
December								
Total								
January								
February								
March								
Total								
April								
May								
June								
Total								
July								
August								
September								
Total								
Total for the year								

\*FNS 796-2(IV) and 7 CFR 226.15(e)(6)

\* *Food Expenses divided by Reimbursement = % Spent on Food*



## **Monitor Reviews**

### **(For Sponsoring Organizations with more than one site)**

Monitoring sponsored centers for compliance with CACFP regulations is an important responsibility of Sponsoring Organizations. Sponsoring Organizations can also use monitor reviews to provide technical assistance when needed.

#### **Monitor Review Checklist:**

- ✓ **3 reviews conducted each fiscal year**
- ✓ **2 reviews must be unannounced**
- ✓ **Time between reviews must not be more than 6 months (i.e. Oct., Feb., June)**
- ✓ **A meal service must be observed for at least 1 review**
- ✓ **Must ensure that review time is varied**

*A meal service must be observed during at least one of the monitor reviews conducted during the year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.*

**A copy of the Monitor Review form is available on the State Agency website:**

<http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>

## **CACFP APPEALS PROCEDURE**

Section 1. Actions that May be Appealed (Child and Adult Food Care Program) (7 CFR § 226.6(k))

Section 2. Notice of Action. ((7 CFR § 226.6(k)(5))

Section 3. Filing an Appeal

Section 4. Appeal Timelines

Section 5. Appeal Procedures

**A complete listing of the Appeals Procedure is available on the State Agency website:**

<http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>

## TO DO LIST FOR NEW/RENEWING INSTITUTIONS

After attending State agency training, the sponsor must:

- Complete the online CNIPS application and submit to the State Agency.
- Conduct In-Service Training within **four weeks** of attendance at State Agency Training.
- Complete Catering Procurement immediately following New Sponsor Training (if applicable).
- Display the “And Justice for All” poster in a prominent place.
- **New institutions only:** Submit the news release to a media source and a grassroots organization. File the original in the CACFP folder labeled “News Release”.

Maintain the following records beginning the first day of participation:

- a. Daily Attendance Records
- b. Record of Meals Served (17-9)
- c. Menu Records

**Please note that this list is not inclusive of all documentation that must be maintained.**

# CACFP At-Risk Meals Reference Sheet

Information Needed for Claim			
<b>Attendance Records</b> <ul style="list-style-type: none"> <li>Completed daily</li> <li>Participant's full name</li> <li>Totaled daily and recorded on the Record of Meals Served (17-9) form</li> <li>Used to calculate total daily attendance</li> </ul>			
<b>Menus</b> <ul style="list-style-type: none"> <li>Must meet meal pattern guidelines</li> <li>Current month posted</li> <li>Food must be creditable</li> <li>Copies placed in monthly folder</li> <li>All menus must be maintained</li> <li>Substitutions must be noted at the beginning of the day.</li> </ul>	<b>Total Daily Attendance</b> <ul style="list-style-type: none"> <li>Recorded on 17-9 daily</li> <li>Meals served cannot be greater than the number of participants in attendance</li> </ul> <p>Total Daily Attendance for the month is reported on the monthly claim.</p>	<b>Record of Meals Served 17-9</b> <ul style="list-style-type: none"> <li>Take meal counts during the meal service</li> <li>Record on the Record of Meals Served 17-9</li> <li>Number of meals served must be totaled daily and monthly</li> </ul> <p>Total meals at the end of the month are reported on the monthly claim</p>	
Civil Rights			
<b>Public Notification System</b> <ul style="list-style-type: none"> <li>And Justice for All</li> <li>Non Discrimination Statement</li> </ul>	<b>Training</b> <ul style="list-style-type: none"> <li>Must include Civil Rights training for all persons involved with food service</li> <li>Required prior to start of any program duties</li> <li>Performed annually and as needed for new staff</li> </ul> <p>Documented and filed in appropriate folder</p>	<b>Grievance Procedures</b> <ul style="list-style-type: none"> <li>Documents kept in accessible location</li> <li>Move complaint forward in a timely manner (3 days)</li> </ul>	
Monitor Reviews			
<ul style="list-style-type: none"> <li>Only necessary for sponsors with multiple sites</li> <li>Completed within first 4 weeks of participation in the program</li> <li>Must complete at least 3 per year per site</li> <li>No more than a 6 month lapse between reviews (i.e. Oct., Feb., June)</li> <li>Timing should be varied</li> </ul>			